vizient.

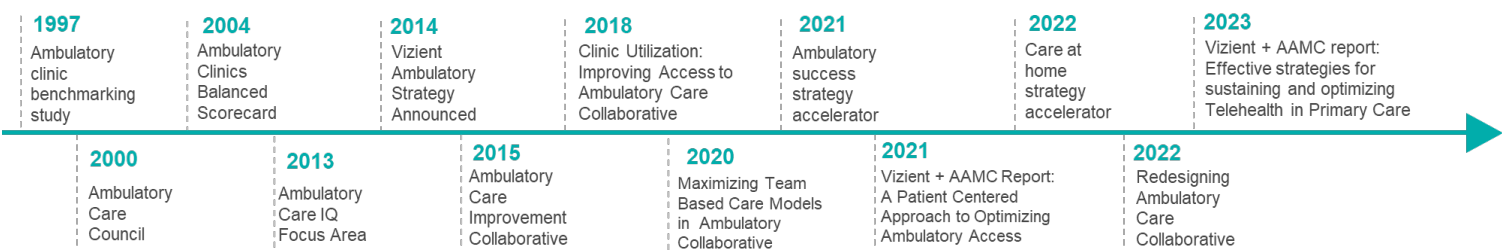# 2024 compendium of strategies to improve ambulatory access and care delivery:

A collection of impactful strategies, metrics and provider examples

Introduction

Vizient® Member Networks Performance Improvement Programs have been bringing healthcare organizations across the country together since 1997 to align and advance quality of care and operational efficiency in the ambulatory setting. The evolution of this work has generated over 25 years of insights into leading practices, obstacles and opportunities that the healthcare industry must adopt to advance this work (Figure 1). This report focuses on strategies that have emerged as leading practices to improve quality of care and efficiency in how care is delivered. For purposes of this report, the ambulatory setting is defined as care delivered primarily in the office/clinic setting and in the home via home health.

Figure 1: Vizient Member Networks Performance Improvement Programs addressing quality and efficiency in ambulatory setting, 1997–2024

1997
Ambulatory clinic benchmarking study

2000
Ambulatory Care Council

2004
Ambulatory Clinics Balanced Scorecard

2013
Ambulatory Care IQ Focus Area

2014
Vizient Ambulatory Strategy Announced

2015
Ambulatory Care Improvement Collaborative

2018
Clinic Utilization: Improving Access to Ambulatory Care Collaborative

2020
Maximizing Team Based Care Models in Ambulatory Collaborative

2021
Ambulatory success strategy accelerator

2021
Vizient + AAMC Report: A Patient Centered Approach to Optimizing Ambulatory Access

2022
Care at home strategy accelerator

2022
Redesigning Ambulatory Care Collaborative

2023
Vizient + AAMC report: Effective strategies for sustaining and optimizing Telehealth in Primary Care

With an estimated 4.5 billion+ visits occurring in the ambulatory setting in 2024 (Figure 2), and projections of ambulatory revenue to surpass 50% of total health system revenue, healthcare organizations must focus now more than ever on making access to care in the ambulatory setting an organizational priority.

Figure 2: Ambulatory projections and growth themes

Today

Per the Sg2 Impact of Change report, **4.5B+ visits / encounters** will occur in the Ambulatory setting in 2024.

Future

Ambulatory revenue is estimated to surpass **50% of total health system revenue** as outpatient utilization continues to grow.

Sources include: Sg2, Deloitte, Aetonix, HealthcareLeaders, Beckers, Statista, CMS, HFMA, Chartis, PubMed, CDC, Gmedical Innovation, U.S. Census Bureau

About Vizient Member Networks offering

The Vizient Member Networks offering connects more than 1,360 of the nation's top healthcare organizations and more than 16,750 executives and leaders through a proven offering to improve performance, advance the workforce and transform healthcare. Organizations that engage with Vizient networks, performance improvement and data outperform those that don't. That success is demonstrated by top performers in the Vizient Quality and Accountability Scorecard.

Vizient and AAMC framework provides structure and insight to ambulatory access

Vizient and American Association of Medical Colleges (AAMC) published a report in 2021 — A Patient-Centered Approach to Optimizing Ambulatory Access: Insights from Leaders in Academic Medicine. An access framework was developed based on common themes from top performing organizations in the ambulatory setting. An overview of the framework is shared below (Figure 3). This access framework was developed as the result of site visits and interviews with organizations that have excelled in improving ambulatory access. It is used in this report to address strategies, metrics and provider examples that organizations across the country have implemented to improve access in the ambulatory setting.

This report highlights impactful strategies, metrics and provider examples that have been collected from offerings and opportunities across Vizient Member Networks.

Figure 3: Framework for optimizing ambulatory access to care

Initiate

Engaged leadership
- System growth and access strategy
- Access governance and leadership structure
- Culture

Develop

Structure and standard processes
- Scheduling
- Capacity and demand management
- Systemwide policies and work processes
- data-driven performance improvement

Actionable data and insights
- Metric selection and measurement
- Data integrity
- Data reporting and transparency

Enable

Optimize care delivery
- Team-based care
- Population health management
- Performance optimization
- Equitable, patient centered care

Workforce engagement
- Onboarding
- Education and training
- Incentives, recognition and rewards

Leverage technology
- Electronic medical record optimization
- Virtual health capabilities
- Digital front door
- Artificial intelligence and predictive analytics

Source: Adapted from AAMC, Vizient. A Patient-Centered Approach to Optimizing Ambulatory Access: Insights From Leaders in Academic Medicine. Washington, DC: AAMC and Vizient; 2021

Strategies for making improvements across the continuum of care

Initiate

Engaged leadership

High-performing organizations have leaders who provide vision and unwavering commitment to achieving strategic goals tied to improved access. Access should be recognized as a foundational priority at the executive level.

Strategies for improvement

- Ambulatory leadership is part of the highest system structure, ensuring care across the continuum is integrated into the structure of the organization. Successful structures provide an operating model that enables alignment across the system, ensuring systemness extends to the ambulatory footprint.
- Establish clarity around accountability and ensure accountability is cascaded to unit and clinic levels.
- Structure leadership support with appropriate committees focused on access (e.g., patient experience and workflow optimization) so your organization includes the perspectives of additional stakeholders.

"An ambulatory leader must be a member of the highest system structure. Perspective of care across the continuum must be integrated in the organizational structure. Clear accountability is vital to success, ensuring that accountability is cascaded to unit and clinic levels. Without accountability, you cannot drive change."

Julie Cerese, RN, PhD, Senior Vice President, Vizient Member Networks
Findings from analysis of organizational structures for Top Performing Health Systems in Vizient's Quality and Accountability Study

Metrics to measure

1 Referral percentages and relationship by employed vs. contracted physician/advanced practice providers (APPs)	**3** Assess employee engagement differences at sites throughout system, identifying barriers to connect with system and access strategies
2 Hospital-based clinics vs. provider-based clinics outpatient encounters	**4** Patient satisfaction scores

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Quality and accountability: continuing the quest for excellence

Vizient has been conducting research to understand unique characteristics of top performing organizations for nearly two decades. The best patient experience comes to life through a palpable intensity involving:

- People
- Board support
- Processes
- Decision making
- Consistent goals and reliable metrics

Learn more from CEOs of top performing organizations

Member examples

Demonstrating leadership commitment to improving access

To improve access, a health system established a division-specific incentive called the Shared Operational Unit Performance (SOUP). This initiative allows each division to select an access-related metric, such as the rate of provider cancellation, and establish performance goals. Upon achieving these targets, the division earns incentives that are allocated toward projects, excluding salaries. SOUP demonstrates leadership's dedication to improving access. This organization incorporates access metrics into its senior management incentive program (SMIP), where at least 15% of every senior leader's bonus is tied to the performance of access metrics within their division.

Source: AAMC, Vizient. A Patient-Centered Approach to Optimizing Ambulatory Access: Insights From Leaders in Academic Medicine. Washington, DC: AAMC and Vizient; 2021

Vizient Member Networks Performance Improvement Benchmarking Study Insight: systemness

Seventy-two surveys across 33 provider organizations were completed to gain insights about the current state of leadership, structure and process and top priorities critical to advance systemness, as well as to explore successful approaches to create a system culture and delivery model. After assessing maturity levels across leadership, structure and process, the following calls to action were highlighted:

- Make developing a cohesive culture the highest priority.
- Focus on clinical standardization—establish dyad-led physician administrative clinical councils.
- Develop standard practices, policies and procedures that make care coordination patient centric.
- Review systemwide policies and procedures to identify common ground.

Source: Vizient Member Networks Performance Improvement Benchmarking Study, Systemness

Develop

Structure and standard processes

An access strategy is more apt to succeed if it is structured and uses standard processes that reduce unwarranted variation and lead to improved access to care.

Strategies for improvement

- Create systemwide standardized policies regarding provider cancellations, visit types (i.e. new, return, extended), no-show policies and patient cancellations. Establish a governance structure to monitor compliance with standards to ensure access and productivity targets are met.
  - Consider unique patient needs and where flexibility in policies may be required.
  - Implement formal policies and a system for managing schedule changes (e.g., ticket system). Limit the number of individuals able to change schedules. Initiate ongoing quality-assurance processes to ensure templates function as intended.
- Use scheduling templates to increase appointment slots to improve efficiency, access and productivity.
  - The number of visits you should have in your template should allow for no-shows / cancellations.
  - Optimize provider templates to tie back to expected productivity.
  - Expected relative value unit (RVU) productivity is accommodated by provider templates.
- Simplify patient referrals and create single points of entry for alignment.

Metrics to measure

1 CPSC:
- New patient visits/ratio
- RVU productivity by specialty

2 CPSC: access and throughput module
- Median number of patients seen by provider
- Consistency of number of patients seen by provider per hour
- Same-day or no-show cancellations
- Lag time to appointment
- Provider-based cancellations

3 Call abandonment, template fill rate and test result turnaround

The **Clinical Practice Solutions Center (CPSC)** is the only Vizient solution that focuses solely on the physician practice and the activities of the doctors and advanced practice providers, anywhere they practice from acute care, outpatient and office settings (and beyond). Billing data from over 160,000 providers from over 100 community and academic medical groups are captured in the CPSC, allowing us to provide robust benchmarks in the areas of productivity, access and throughput, procedural activity and revenue cycle related metrics across hundreds of specialties and subspecialties. Data from the Vizient Clinical Data Base (CDB) and CPSC data can be linked, furthering offering insights across the continuum of care, through the Ambulatory Quality and Accountability Scorecard.

Member examples

Streamlining patient referrals

A multispecialty practice group comprised of a comprehensive network of primary and specialty care physicians wanted to develop a single point of entry for patient referrals. A team worked to redefine this workflow and created a webpage for referral management. Enhancements included appointment navigation and nurse triage to ensure referrals were accepted in a timely manner. Average monthly referrals increased 300%— from 155 per month to 649 per month following the process change.

Source: Vizient Member Networks Performance Improvement Collaborative, Clinic Utilization

Panel management

Active panel management and ensuring every patient is included in a primary care panel are essential strategies for primary care clinics in a large health system in the West. Various risk categories are used to classify different types of patients seen across clinics and to understand the frequency of visits per patient in each category. This organization defines six tiers of risk for patients, from low (1.2 visits per year) to high (13.2 visits per year). Information is used to ensure clinic spots are available to meet patient needs, allowing the organization to better understand their patient population's needs and to set appropriate clinic panel size.

Source: AAMC, Vizient. A Patient-Centered Approach to Optimizing Ambulatory Access: Insights From Leaders in Academic Medicine. Washington, DC: AAMC and Vizient; 2021

Template redesign and self-scheduling: utilizing templates to optimize scheduling efficiencies and maximize appointment availability for both clinic and ancillary areas

PIH Health is dedicated to enhancing patient care across inpatient, ambulatory and post-acute care settings. PIH Health has focused on improving access and streamlining the process for patients to receive care. Several key strategies were introduced to address wait times for clinic and ancillary visits – times that were already better than average for the area. Physician scheduling templates were optimized – appointment types were reduced and standardized visit durations were implemented across the system. As a result, PIH Health eliminated over 1,000 appointment types, scheduling restrictions and templates, which significantly improved appointment availability and simplified scheduling through its call center and patient portal. Additional efforts to improve access to ancillary services are underway. A multidisciplinary team assembled to remove barriers for both patients and providers. Key changes include:

- Deploy MRI and CT trailers at two hospital campuses and medical office buildings.
- Streamline referral and authorization processes.
- Eliminate unnecessary scheduling steps.
- Embed radiology schedulers in provider offices for on-the-spot scheduling.
- Establish a radiology outreach team.

Outcomes achieved through this multifaceted, and multidisciplinary approach include:

- Neurology department increased access capacity by 29%.
- A 17% increase in radiology volume compared to the previous year
- Same-day access for MRI, CT, nuclear medicine and ultrasound
- Next-day availability for PET/CT scans
- A 60% reduction in the ancillary call center abandonment rate
- Improved payor mix for radiology services
- Enhanced staff efficiency

Source: Vizient Member Networks, West Coast CEO Network meeting, 2024

Develop

Actionable data and analytics

Ensuring data validity and conducting thoughtful analysis to determine the underlying story informs the critical steps in improving access.

Strategies for improvement

- Define metrics and benchmarks with the goal of standardizing measurement of performance across the organization. Measure across all specialties with the understanding that targets may differ by specialty. Ensure access to real time or near real time data.
- Develop a patient-access dashboard that measures performance on crucial access and productivity metrics with drill down capabilities at the clinic and provider level.
- Conduct routine data-review meetings with executive leadership and clinics. Routinely review performance data with clinic providers.
- Continue to evaluate local market drivers (e.g., payer mix, new market entrants)

Metrics to measure

1 Create or leverage appropriate benchmarks for metrics measured for the organization, with a focus on provider level detail and appropriate selection of specialty-specific benchmarks. Available benchmarks can be found in the CPSC.

Member examples

Deploying access managers

A healthcare organization leverages access managers to expand access to care and improve performance on no-show rates, schedule optimization, appointment lag and patient experience. Managers are charged with "owning" access for their divisions, much like a financial analyst would "own" the revenue stream. They review provider data one-on-one with poor performers every month and with all providers at least annually.

Source: AAMC, Vizient. A Patient-Centered Approach to Optimizing Ambulatory Access: Insights From Leaders in Academic Medicine. Washington, DC: AAMC and Vizient; 2021

☑☑☑ **Enable**

Optimize care delivery

Optimizing care delivery and the care team is crucial to maximizing capacity and increasing throughput (the number of patients seen per clinic session) while providing high-quality care. Evaluating the types of care and services provided is essential to understanding the mix of staff needed to deliver care and improve access.

Strategies for improvement

- Map workflows to identify team members' roles. Implement standard workflows to support the interdisciplinary team with pre-visit-planning, visit and after-visit tasks. Ensure the right team member delivers the right care via the right process at the right time.

- Assess the specific needs of different segments of your patient population. Screen for social determinants of health and mobilize team members to deliver care within the appropriate care setting. Build and strengthen relationships with community-based organizations, governmental entities and physician affiliations to promote access in the community setting. Consider working with administration to provide services not met by community partners.

Metrics to measure

1 CPSC:
- Payer mix
- New patient visit ratio by payer mix and location
- New patient visit ratio (assess relationship between primary and specialty providers)
- Follow-up rate within seven days post-discharge
- Patients with four or more ED visits per year
- Patients with two or more ED visits within seven days
- Low-acuity ED visits
- Productivity measurement (i.e., RVUs) (also under workforce engagement)
  – Work RVUs, total RVUs and billed units per clinical FTE
  – Panel size per clinical FTE
  – Encounter volume per clinical FTE
  – Encounters per provider per hour

2 CPSC: Access and Throughput module
- Provider efficiency
- Same-day or no-show cancellations
- New patient seen within 10 days of scheduling appt.
- Median days from scheduling an appointment for new patients

3 Clinician efficiency (i.e., are daily tasks top of scope of practice for each team member)

Optimizing patient access and flow: strategies to improve capacity

Health systems continue to navigate bottlenecks throughout the system of care. This report highlights some foundational strategies, as well as site-specific strategies, to optimize access and patient flow in the acute care setting. A link to the full report can be found here.

Member examples

Vizient Member Networks Performance Improvement Collaborative Insight: implementation of team-based care model

An organization had a goal of 90% post-hospital seven calendar day follow up, however, actual compliance was 67%. The team focused on ambulatory clinical processes and workflows, as well as communication and handoffs, to improve compliance. After variations with medical assistants (MA) and rooming processes, inconsistent follow up with pharmacy, provider variation between physicians and advanced practice providers (APPs) and a difficult scheduling process were identified, several processes were reimagined to achieve a goal of 97% compliance. Levers pulled include optimization of scheduling structure, addressing average post-hospital follow-up appointment time of 2.5 hours, standard rooming process and medication list review for MA, standard documentation with a simplified template for providers and development of a pharmacy direct referral process.

Source: Vizient Member Networks Performance Improvement Collaborative, Maximizing team-based care

Vizient Member Networks Performance Improvement Collaborative Insight: redesigning ambulatory care

This collaborative aimed to help participants redesign the ambulatory care framework with consumer-focused, multimodal access channels to provide appropriate services and care settings for low-acuity and complex chronic patients. Collaborative participants, who were able to submit data, increased total outpatient visits by 73,600 from baseline, which is estimated to result in around $12,258,816 of increased revenue (annualized). These results were accomplished through the following leading practices:

- Optimizing provider and staff capacity and productivity to improve access
- Utilizing care coordination to identify, assign risk and track chronic care patients
- Engaging providers and staff for input in workflow enhancements
- Leveraging data analytics to identify gaps in care, improve financial performance, clinical efficiency and operational efficiency through informed decision making.

Source: Vizient Member Networks Performance Improvement Collaborative, Redesigning Ambulatory Care

Enable

Workforce engagement

Plans for engaging the workforce are designed to reduce turnover, build skills, foster community and create alignment with organizational access goals.

Strategies for improvement

- Incentivize high performance on access-driven metrics in addition to volume-driven metrics: allocate funds back to departments that meet their performance goals; develop provider incentives built around independent visits and panel management; align incentives and performance appraisals to drive the access strategy and overall performance.
- Host leadership roundtables with staff to encourage discussions about successes, challenges and opportunities. Reinforce access as a strategic priority with staff by encouraging direct interaction with executive leadership and via leadership rounds.
- Deploy an access team to meet with providers to discuss scope and purpose of practice, clinic expectations and cultural norms. Provide additional opportunities for peer-to-peer learning, networking, mentoring and practice sharing.
- Create formalized onboarding programs uniquely designed for each provider type, including frontline staff. Assess competence after training to identify gaps.

Metrics to measure

1 CPSC: productivity measurement	2 Staff turnover rate and churn in ambulatory setting
- Work RVUs, total RVUs and billed units per clinical FTE - Panel size per clinical FTE - Encounter volume per clinical FTE - Encounters per provider per hour	

Member examples

Primary care team-based model

In expanding its primary care network, Cottage Health revised its internal medicine residency program to prepare graduates to enter a team-based model. By incorporating advanced practice providers, nutritionists, pharmacists, social workers, integrated behavioral health professionals and other disciplines, Cottage Health will offer patient and family-centered care, expanded capacity, addressed physician workforce issues and support the market shift to value-based care.

Source: Vizient Member Networks, West Coast CEO Network meeting, 2024

Celebrating a commitment to excellence

A healthcare organization uses measures like new patient counts over 10 days, no-show rates and patient portal sign-ups to recognize the best-performing faculty practices and individuals. Top performers in each region are honored at events like a winner's lunch, where trophies are given to the highest achievers and the most improved. This encourages a competitive spirit and celebrates commitment to excellence.

Source: AAMC, Vizient. A Patient-Centered Approach to Optimizing Ambulatory Access: Insights From Leaders in Academic Medicine. Washington, DC: AAMC and Vizient; 2021

Enable

Leverage technology

Meeting patients where they are is an important access strategy. Technology must be leveraged to meet patients' demands for convenience, quality and timeliness of access.

Strategies for improvement

- Consider using wearables and other remote-monitoring tools to support the management of chronic disease care. Create appropriate clinic workflows to review data and proactively manage patients.
- Standardize the electronic health record (EHR) platform across all practices and capitalize on EHR capabilities to support access efforts, including patient self-service tools.
- Identify services for which virtual health visits are appropriate and use telehealth to manage capacity and throughput in the clinic.
- Assess opportunity for providing care at home. Considerations should include the value added and outcomes to track associated with care at home.

Metrics to measure

1 Measure virtual and in-person visits, assessing provider-judged clinical appropriateness compared to the alternative. • Consider patient and provider satisfaction, clinical outcomes, diagnostic accuracy, medication adherence and continuity of care when assessing clinical appropriateness.	2 Response time to e-messages
3 Percentage of patients using patient portal	4 Percentage of e-messages converted to televisits

Member examples

Assessing the effectiveness of telemedicine visits	Stanford Healthcare launched a study aimed at understanding which conditions could be effectively evaluated over telemedicine. In understanding reasons for less successful visits and the visit success by clinical condition, the organization has been able to embark on efforts to create a telehealth-specific triage and self-scheduling system, which can guide patients to the most effective and timely care model. Additional study findings reveal:

- Telemedicine visits effectively addressed many primary care concerns (85% of visits)
- Physical exam limitations were the primary reason for less successful visits
- Some clinical concerns may rely more heavily on physical exam (respiratory, gastrointestinal, musculoskeletal)
- Visit optimization workflows are needed to guide patients to the right modality of care, especially when patients are self-scheduling online.

Source: Improving access to primary care, Patient Safety Organization Webinar, 2024

Vizient Member Networks Performance Improvement Collaborative Insight: remote patient monitoring	Eight organizations participated in the Vizient Member Networks Performance Improvement Collaborative on Remote Patient Monitoring and contributed to these results. With 696 30-day readmissions avoided and 832 seven-day emergency department revisits avoided, annualized cost avoided totaled $10.6 million. Collaborative participants assessed remote patient monitoring capabilities, engaged patients in their care management and established an infrastructure by asking the right financial, operational, clinical and strategic questions.

Source: Vizient Member Networks Performance Improvement Collaborative, Remote patient monitoring

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Recalibrating the business case for digital investment

Think holistically about measuring the value of investment in digital transformation and recognize that financial ROI may lag. Define key performance indicators (KPIs) at the outset to have a clear view of performance and the data to support decisions on when to move forward or to shut down initiatives. Sg2 has developed five categories to guide measurement of a solution value:

1. **Financial impact**
   - Total cost of care per episode
   - Rates of additional downstream visits following a virtual visit
   - No-show and cancellation rates

2. **Clinical quality**
   - Disease specific quality improvement metrics
   - Readmission rates
   - Virtual care adoption by specialty

3. **User experience**
   - Patient and staff satisfaction survey results
   - Clinical productivity measures
   - Time spent directly caring for patients during encounter

4. **Access**
   - Average wait time to see a primary care provider or specialist
   - Clinical staff to patient ratios
   - Patient encounter by demographics

5. **Operational excellence**
   - Patient check-in and check-out time
   - Bed capacity
   - Hospital length of stay

Source: Sg2 Executive briefing: recalibrating the business case for digital investment

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Next steps

Highlighted here are the importance of strategic alignment and innovative practices in improving access, quality and efficiency in ambulatory care settings. Ambulatory leadership must be represented at the highest level of the system's structure, and clarity around accountability is vital to driving change. In addition to engaged leadership, standardized processes, actionable data and insights, along with an engaged workforce and optimized technology are all domains that a system must focus on to improve access in the ambulatory setting. As the landscape of healthcare continues to evolve, with increasing demand for access to ambulatory services, the commitment to improving ambulatory access and care delivery remains crucial.

Resources and opportunities to engage

- Engage in your network's digital community group to post queries and exchange insights with your peers, access a diverse range of resources curated by Vizient experts and stay informed and involved by registering for upcoming events right from the platform. Find your group
- Plan your engagement now and throughout the year via the Member Networks Offering Guide. Access the Offering Guide
- Stay up to date on performance improvement and leadership education opportunities as well as network meetings via the monthly calendar of events. Access the calendar of events
- Stay informed with the latest in healthcare advancements and best practices via Vizient Insights resource center. Discover insights
- The Clinical Practice Solution Center (CPSC), developed by the Association of American Medical Colleges (AAMC) and Vizient, provides AMC faculty practice plans with powerful analytics tools, peer collaboration and advisory services. Learn more about the CPSC

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